## PART B - FEE(S) TRANSMITTAL

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indicated unless correct maintenance fee notifica		herwise in Block I, by (	,			arate "FEE ADDRESS" for
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				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	DRNEY DOCKET NO.	CONFIRMATION NO.
10/646,032 TITLE OF INVENTION	08/22/2003 I: DRIVER CIRCUIT AÌ	ND METHOD FOR DRI	Oliver Dieter Landolt VING AN ELECTRICAL	DEVICE WITH A CONT	10011475-1 CROLLED SLEW RAT	9255 ГЕ
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/07/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
LEWIS, DAVID LEE		2629	345-098000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unl recordation as set forth (A) NAME OF ASSIG	ess an assignee is identi h in 37 CFR 3.11. Comp GNEE		(B) RESIDENCE: (CITY	ntent. If an assignee is in assignment.  and STATE OR COUNT		ocument has been filed for
Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual Corporat	ion or other private gro	oup entity Government
4a. The following fee(s) a Sissue Fee Publication Fee (N Advance Order - #	o small entity discount p		4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 505118 (enclose an extra copy of this form).			
a. Applicant claims	t <b>us</b> (from status indicated s SMALL ENTITY statu	s. Sec 37 CFR 1.27.	☐ b. Applicant is no long	<del>-</del>		1-7 . 7
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Typed or printed name SCOH Westzel			Registration No. 54534			
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